

ATTACHMENT J-6 - SUBCONTRACTING PLAN SUMMARY SHEET

Contract Name:
RFP/Contract No.:
Contractor:
Name of Subcontract Administrator:
Total Dollar Value of Contract (5 Years):
Contract Period Covered By Plan:

	1st Year		2nd Year		3rd Year		4th Year		5th Year		Total	
	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%
A. Total Contract Value												
B. Total dollars to be subcontracted: (% of line A)												
C. Subcontracted to: (% of line B)												
(1) Small Business												
(2) Small Disadvantaged Business												
(3) Women-Owned Small Business												
(4) HUB Zone Small Business												
(5) Veteran-Owned Small Business (Including Service-Disabled)												
(6) Service Disabled Veteran-Owned Small Business												

Item A: Enter the total proposed value of the contract for each year.
Item B: Enter the total amount to be subcontracted for each contract year. Calculate the percentage of line A.
Item C: For categories (1) thru (6), enter the dollar amounts to be subcontracted to each category of small business. Small business categories are not mutually exclusive; subcontract dollars may be attributed to as many categories as are applicable. For example, the dollars subcontracted to a self-certified woman-owned and service-disabled veteran –owned small business that is also certified by SBA (on SAM) as a small disadvantaged and HUBZone business should be counted in each of the six categories. Calculate the percentage of line B.